

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
<i>Note: The list of Board Members will pre-populate for competing supplemental applicants.</i>						
Board Member Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry Yes/No	Health Center Patient Yes/No	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)
PATIENT BOARD MEMBER CLASSIFICATION						
Gender			Number of Patient Board Members			
Male						
Female						
Unreported/Declined to Report						
Ethnicity			Number of Patient Board Members			
Hispanic or Latino						
Non-Hispanic or Latino						
Unreported/Declined to Report						
Race			Number of Patient Board Members			
Native Hawaiian						
Other Pacific Islanders						
Asian						
Black/African American						
American Indian/Alaska Native						
White						
More Than One Race						
Unreported/Declined to Report						
Note: The question below is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.						
If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?						
<div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A </div>						
If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.